



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST *CHRONIC CARE*

Your
Copy

1 of 2

Print Name: Jeffery Gould Date of Request: 1-10-06
ID # 140977 Date of Birth: 11-6-63 Location: G-4-18r
Nature of problem or request: I NEED to see the Doctor! I have Hep
-atitis C for the last 4 days I have been using the
cummode 4 to 7 times a day I need something for
this and I need ensure for it settles my stomach and
I need vitamin to build my system
up for treatment
Jeffery Gould
Signature *CHRONIC*
Hep C.

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

| |
|--|
| RECEIVED |
| Date: <u> </u> / <u> </u> / <u> </u> |
| Time: <u> </u> AM PM |
| Receiving Nurse Initials <u> </u> |

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Not needed 1/12/06 see evaluation
MD apt type sheet

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT
GLF-1002 (1/4)



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Your copy

See

Print Name: Jeffery Gould Date of Request: 11-22-05
 ID # 140977 Date of Birth: 11-6-63 Location: G-4-18
 Nature of problem or request: HEPATITIS C I HAVE NEEDED FOR HEPATITIS C
MEDICATION I AM SICK AND NEED NOT BE DELAYED OR
DENIED. I ALSO FORMALLY ASK TO BE ADMITTED TO THE HCU
I AM BLEEDING FROM MY MOUTH, NOSE DAILY I DON'T WANT TO
INFECT ANYONE
 Signature: Jeffery Gould

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

| | |
|--------------------------|-----------------|
| RECEIVED | |
| Date: | <u>11/29/05</u> |
| Time: | <u>11:30 PM</u> |
| Receiving Nurse Initials | <u>h2</u> |

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

*Chronic
Call
Request*

Refer to: MD/PA Mental Health Dental Daily Treatment **CIRCLE ONE** Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()
 If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT
 GLF-1002 (1/4)

SIGNATURE AND TITLE



**Chronic
CASE**
**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

**Chronic
CASE**

Print Name: Jeffery Gould Date of Request: Saturday
 ID # 140977 Date of Birth: 11-6-63 Location: G-4-18
 Nature of problem or request: I HAVE A RASH BETWEEN MY LEGS
IN THE FRONT OF MY THIGHS. DOCTOR MACARTHY ISSUED
ME SOME CREAM FOR IT WHILE I WAS AT CHRONIC
CASE THAT CAUSED STINGING AND RED REDNESS! H21P,
I HAVE HEPATITIS
Jeffery Gould
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

| | |
|------------------------------------|--|
| RECEIVED | |
| Date: <u>8/21/05</u> | |
| Time: <u>03pm</u> | |
| Receiving Nurse Initials <u>MC</u> | |

(S)ubjective:

NO 8/22/05

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Shower
Sick
Peel

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: StationResident's Name: Gerald Joffery ID# 140977D.O.B. 11/14/1963I, Joffery, Gerald
(Name of Inmate) have, this day, knowing that I have a condition

requiring medical care as indicated below:

- | | |
|---|---|
| <input type="checkbox"/> A. Refused medication. | <input type="checkbox"/> E. Refused X-Ray services. |
| <input type="checkbox"/> B. Refused dental care. | <input type="checkbox"/> F. Refused other diagnostic tests. |
| <input type="checkbox"/> C. Refused an outside medical appointment. | <input type="checkbox"/> G. Refused physical examination. |
| <input type="checkbox"/> D. Refused laboratory services. | <input checked="" type="checkbox"/> H. Other (Please specify) |

No show for sick call

Reason For Refusal _____

Potential Consequences Explained _____

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

Witness Signature [Signature]Witness Signature [Signature]Date 8/22/05

Patient Signature _____

Time _____

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

PROGRESS NOTES

60111 (5/85)



Nursing Evaluation Tool:

General Sick Call

Facility: BBB

Patient Name: Donald JefferyInmate Number: 140977Date of Birth: 11 16 63
MM DD YYYYDate of Report: 11 19 05
MM DD YYYYTime Seen: 15:30 AM PM Circle OneSubjective: Chief Complaint(s): Request No Standing profileOnset: HOP C. Chronic ankle swelling

Brief History:

(Continue on back if necessary)

I need to get a no standing profile. I am
on CC my ankles swell I need to get my
are torn up. I also need to see the doctor
about seroside & vitamins.

☐ Check Here if additional notes on backObjective: Vital Signs: (As Indicated) T: 99² P: 70 RR: 18 B/P: 140/78

Examination Findings:

(Continue on back if necessary)

CC sent 3 months ago Request
Meals & profile.

☐ Check Here if additional notes on backAssessment: (Referral Status) Preliminary Determination(s):☐ Referral NOT REQUIRED☒ Referral REQUIRED due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☐ Other:

Request profile & meals. No new
medical problems.

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List):Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Ref for ReviewDate for referral: 11/19/05
MM DD YYYYReferral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x

T. Smith RN
 Nurses Signature

Name:

Printed

T. Smith RN
 Printed

11/19/05
 11/16



Chronic Care

**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Jeffery Gould Date of Request: 11-8-05
 ID # 140977 Date of Birth: 11-6-63 Location: G-4-18T
 Nature of problem or request: I HAVE SORE IN SWOLLEN
ANKLE'S! NEED HELP FOR SAID MED PROBLEM!

I AM ON CHRONIC CARE FOR HEPATITS C

Jeffery Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

| |
|---|
| RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____ |
|---|

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

*See
Evaluation
Tool
Sheet*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jeffery Jeff Gould Date of Request: 11-2-04
 ID # 146977 Date of Birth: 11-6-63 Location: D-2-45
 Nature of problem or request: HEPATITIS C CHRONIC CASE, SWELLING
IN MY ANKLES AND SHINS AND PAIN IN LEFT SHOULDER

[Signature]
Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/12/04
 Time: 6:30 AM (PM)
 Allergies: Haldol

| |
|---|
| <p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p> |
|---|

(S)ubjective: feet and ankles swollen x 2 weeks - pain in
① shoulder x 1 week -

(O)bjective (V/S): T: 98.2 P: 72 R: 20 BP: 120/60 WT: 205
2+ - 3+ pitting edema from mid calf into ankles + feet
④ pedal pulses 2+ 3 sec cap refill - ① shoulder 2+ full
 (A)ssessment: Attenuation in Health Rom 5 complaint -
Maintenance Hx broken ① Clavical

(P)lan: MD/PA/CRNP Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

[Signature]
Adverse to CRNP
11-3-04

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: JEFFERY Gould Date of Request: 10 12 05
 ID # 140977 Date of Birth: 11-6-63 Location: G 4 18T
 Nature of problem or request: HEPATITUS C NEED TO SEE THE
DOCTOR HAVE BEEN SPITTING UP BLOOD DAILY! feel weak
-N- NEED TREATMENT! I AM ON CHRONIC CASE
(NO charge) HAVE SPOKEN WITH THE WARDEN WAS ADVISED TO
SIGN UP FOR TREATMENT 12/05 210118
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/14/05
 Time: 15 30 AM PM
 Allergies: None

| |
|------------------------------------|
| RECEIVED |
| Date: <u>10-13-05</u> |
| Time: <u>7pm</u> |
| Receiving Nurse Initials <u>JS</u> |

(S)ubjective: I have Hep C I am on chronic care,
I need to see the Doctor about getting Resourse
and something for abdominal pain I have started
spitting up blood. Both of my ankles are swollen
 (O)bjective (V/S): T: 98.5 P: 64 R: 18 BP: 110/60 WT: 194
Swelling noted to both ankles. States seen @ CC
x 1 month ago. No change in old symptoms -
additional spitting up blood. None noted during
 (A)ssessment: Screening.

All in Comfort

(P)lan: -

Hold for Review
 Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

JS Smith RN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jeffery Gould Date of Request: 5-31-05
 ID # 140977 Date of Birth: 11-6-63 Location: D-2-4T
 Nature of problem or request: I HAVE Bumps under th SKIN ON MY
CHEST I NEED to HAVE EXAMINED I AM ON CRONIC CARE
AND there for should not be charged.

Jeffery Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/31/05
 Time: 8:00 AM PM
 Allergies: Haldol

| |
|---|
| <p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p> |
|---|

(S)ubjective: Bumps in breast under skin X 3 wks

029977
 (O)bjective (V/S): T: 98⁷ P: 74 R: 20 BP: 120/80 WT: 210
Small moveable ~~red~~ bumps noted under skin & drainage
redness w/ wnl

(A)ssessment: Alteration in skin integrity

(P)lan: MD to Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Alt Smith L. Luss
 SIGNATURE AND TITLE E-105

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jeffery Gould Date of Request: 5-04-05
 ID # 140977 Date of Birth: 11-6-63 Location: D-2-4T
 Nature of problem or request: (CRONIC CARE) I NEED TREATMENT
FOR HEPATITS. I HAVE FILED AN INFORMAL GRIEVANCE BECAUSE OF
NOT RECEIVED MEDS FOR HEPATITS. RIGHT NOW I AM SEEKING HEAT
MENT FOR MY ANKLES ARE SWOLLEN A PAINFUL. HEPATITS RELATED
CONDISION

Signature Jeffery Gould

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies: #albol

| |
|------------------------------------|
| RECEIVED |
| Date: <u>5/4/05</u> |
| Time: <u>1200</u> |
| Receiving Nurse Initials <u>LD</u> |

(S)ubjective:

"My feet and ankles are swollen and
 have been for about 2 mths. now" "My feet and legs
 hurt me while I'm standing in pull call line" I need a mattress to elevate
 them on

(O)bjective

(V/S):

T:

97/8

P:

68

R:

90

BP:

112/60

WT:

209

(Land) feet and lateral ankles edematous - skin color
 yellow - pedal pulse present to both feet cap. refill to toes

(A)ssessment:

LB sec.

Attraction in Comfort

(P)lan:

Inmate requests no prolonged standing profile, mattress
for pain and a mattress to elevate legs on while sleeping
MD to review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Miller

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jeffery Gould Date of Request: 2-13-05
 ID # 140977 Date of Birth: 11-6-63 Location: D-2-4T
 Nature of problem or request: I HAVE HEPATITIS C AND I AM ON CHRONIC CARE! My new problem (ie) my nose bleeds daily along with my gums AND I HAVE blood in my stool often

Jeffery Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/15/05
 Time: 2040 AM PM
 Allergies: Haldol

| |
|---|
| <p>RECEIVED</p> <p>Date: 2/15/05</p> <p>Time: 2040</p> <p>Receiving Nurse Initials <u>Amg</u></p> |
|---|

(S)ubjective: "I've been having nose bleeds daily for awhile now"
"When I brush my teeth, my gums bleed." "I also have some bleeding in my stool."

(O)bjective (V/S): T: 98⁵ P: 80 R: 20 BP: 120/68 WT: 205
0% Sinus drainage. 0x4, 0 Nose bleed. 0 Hep C.

(A)ssessment: Attention to health maintenance

(P)lan: MD to Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

See Doctor
2/19/05

MD/PA
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PROGRESS NOTES

[illegible]



PRISON HEALTH SERVICES, INC. **SICK CALL REQUEST**

Print Name: Jeff Gould Date of Request: 3-14-04
 ID # 140977 Date of Birth: 11-6-63 Location: C-2-26T
 Nature of problem or request: NEED MED REFILLED for
my ANKLE

Jeff Gould
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/14/04
 Time: 11:30 AM ☒ PM
 Allergies: _____

| |
|--|
| RECEIVED Date: <u>3/14/04</u> Time: <u>8:45</u> PM Receiving Nurse Initials <u>RH</u> |
|--|

Refer to
 S.C.

(S)ubjective: "I NEED MEDICATION REFILLED
FOR MY ANKLE"

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: 189

(A)ssessment: out in comfort

(P)lan: see MD

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

A. J. [Signature]
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

MENTAL
= Health

Print Name: Jeffery Gould Date of Request: 3-8-04
ID # 140977 Date of Birth: 11-6-63 Location: C-2-26T
Nature of problem or request: My MEDICATION WORKS I NEED it!!
VISTEERAL - for PANIC ATTACKS = NE PROZAC - for depression
= NE A Bipolar disorder !!! I HAVE BEEN TAKING THESE MED-
ICATIONS SINCE AUGUST OF LAST YEAR !!! = NE MY PRESCRIPTIONS NEED
TO BE REFILLED BY 3-10-04 HELP!!!! Jeffery Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

| |
|--|
| <p>RECEIVED</p> <p>Date: <u> </u></p> <p>Time: <u> </u></p> <p>Receiving Nurse Initials <u> </u></p> |
|--|

(S)ubjective:

(O)bjective

(A)ssessment: I'm seen. Please refer to progress notes dated 3/9/04
SB, MTD.

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jeffery Gould Date of Request: 3-3-04
 ID # 140977 Date of Birth: 11-6-63 Location: C-2-26T
 Nature of problem or request: To SEE The Doctor About Red Bump's
under My Right Arm Pit

Jeffery Gould
signature

DO NOT WRITE BELOW THIS LINE

Date: 3/4/04
 Time: 2400 AM PM
 Allergies: NKA

| |
|--|
| <p>RECEIVED Date: <u>3/3/04</u> Time: <u>7:08 PM</u> Receiving Nurse Initials <u>R.H.</u></p> |
|--|

Refer to
S.C.

(S)ubjective: I got three knots under my arm.

(O)bjective 99.2, 90 189 Several small red raised areas
underneath underneath Rt arm & pustules
a discharge noted Cb pain & itching,
also that he's had them about 2 1/2 weeks

(A)ssessment: At in comfort / skin integrity

(P)lan: MD/PA to Review

3/4/04
[Signature]

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

C. Kelly, MD

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Stanton

Print Name: Jeffery Gould Date of Request: 3-5-04
 ID # 140977 Date of Birth: 11-6-63 Location: C-2-26T
 Nature of problem or request: My ANKLE is Killing ME!!!!
I Need Medication to Relieve Said Pain I
CANT EVEN Sleep because of this CRONIC (1983)
7 1/2 hrs surgery Help! No Cold Med ication
Jeffery Gould
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/8/04
 Time: 12:00 AM PM
 Allergies: Haldol

| |
|------------------------------------|
| RECEIVED |
| Date: <u>3/5/04</u> |
| Time: <u>7:04</u> pm |
| Receiving Nurse Initials <u>RH</u> |

Refer to
SC

(S)ubjective: Request PAIN medication for Ankle due to old auto Accident

(O)bjective: Wt 187 lbs, 99.1 - 100/68 - 20. Respirations clear + unlabored. (2) Ankle some discoloration. Nois of swelling noted. Pedal pulse present. No acute distress noted. Ambulate w/o difficulty

(A)ssessment: Alleviation discomfort

(P)lan: MD Review / PA Review

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

M. Marsh (PRN)
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST
CRONIC !!!!!

Signature

RECEIVED

Date: _____

Time: _____

Receiving Nurse Initials _____

GLF1000 7/95



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST
MENTAL Health

Print Name: Jeffery Gould Date of Request: 3-3-04
ID # 140977 Date of Birth: 11-6-63 Location: C-2-267
Nature of problem or request: MENTAL Health !!!!! EMERGENCY !!!!!

I Need too SEE DR. BANERJEE About My Med-
-iACTION'S! My VISTAREAL NEEDS to be INSTATED & PROZAC Reordered.

Jeffery Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

| | |
|--------------------------|------------|
| RECEIVED | |
| Date: <u>3/3/04</u> | |
| Time: <u>7:05 PM</u> | |
| Receiving Nurse Initials | <u>R.H</u> |

Refer to
Mental Health

(S)ubjective:

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Statm

Print Name: Jeffery Gould Date of Request: 2-18-04
ID # 140977 Date of Birth: 11-6-63 Location: C-2-26T
Nature of problem or request: NEED MY MED - RE-filled

DO NOT WRITE BELOW THIS LINE

Date: 2/18/04
Time: 2405 AM PM
Allergies: Haldol

| |
|------------------------------------|
| RECEIVED |
| Date: <u>2/18/04</u> |
| Time: <u>10P</u> |
| Receiving Nurse Initials <u>DE</u> |

(S)ubjective: "I need to get my wrist at percosids
refilled. Wrist is for my panic attacks at
percosids for my ankle & headaches."

(O)bjective: wt 185; 98.4 alert & oriented X3 Resp C clear; skin w/p to
touch. C/o pain to left ankle & foot
ambulating 3 difficulty & edema at
redness noted

(A)ssessment:
Alert in Comprom

(P)lan: MD to Review

Refer to: MD/PA Mental Health Dental Daily Treatment
CIRCLE ONE Return to Clinic PRN

Check One: ROUTINE (X) EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

C. Hill MD DMSCut Mc
SIGNATURE AND TITLE

E: INMATES MEDICAL FILE

W: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Station

Print Name: Jeffery Gould Date of Request: 2-23-04
ID # 140977 Date of Birth: 11-6-63 Location: C-2-267
Nature of problem or request: I NEED too Get My Prescription
Refilled for My Acid Reflux immediately &
or AS SOON AS POSSIBLE! for it is giving ME the
The Blues AND I HAVE BEEN PASSING Blood

Jeffery Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/23/04
Time: 11⁴⁵ AM ☒ PM
Allergies: MACDOL

| | |
|--------------------------|-------------------------|
| RECEIVED | |
| Date: | <u>2/23/04</u> |
| Time: | <u>7⁵⁰pm</u> |
| Receiving Nurse Initials | <u>R.H.</u> |

Refer to
S.C.

(S)ubjective: I need my zantac renewed for acid reflux
it burns up in my throat - also I have bright red
blood in my stool - I have hemorrhoids - also my Prozac
is running out
(O)bjective abd large, soft, non tender, & active bowel sounds
x 4 quadrants - external hemorrhoids noted - (60 d zantac & in
5/01/03

(A)ssessment: Potential abdominal comfort / elimination

(P)lan: M.D. / PA Review

Refer to: ☒ MD/PA ☐ Mental Health ☐ Dental ☐ Daily Treatment ☐ Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

Assek Long / S.M. Hunt
SIGNATURE AND TITLE

INMATES MEDICAL FILE

JW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Transfer Screening Form

Date: 2/9/04 Time: 0000 Primary Language: English
 Inmate/Resident Last Name: Gould Inmate/Resident First Name: Jeffery
 DOB: 1/16/63 Inmate/Resident Number: 140977
 Vital Signs: Ht: 6'1 1/2" Wt: 184 T: 97° P: 84 R: 70 B/P: 140/90 Diabetic: ☐ Yes ☒ No BS: NA

1. Does inmate/resident have any conditions that would prevent him/her from travel at this time? ☐ Yes ☒ No

If yes, describe: NA

2. Will inmate/resident require any medications or treatment during transport? ☐ Yes ☒ No

If yes, describe: NA

3. Are there any special needs or instructions for transport personnel? ☐ Yes ☒ No

If yes, describe: NA

4. Have all records pertinent to the transfer of medical care accompanied the inmate/resident? ☒ Yes ☐ No

If yes, list documents: past and current medical records

5. Does the inmate/resident have a medical condition that could or does pose a health/safety threat to him/herself or others? ☐ Yes ☒ No

If yes, describe: NA

6. Current medications and dosage: (Write "none" or list below) Medications sent with instructions: ☒ Yes ☐ No

1. Prozac 20mg i po qd #90 - ordered 12/10/03

2. Percogesic i po BID x 15dys - ordered 1/29/04

3. Vistaril 25mg i po TID #270 - ordered 11/19/03

7. Does the inmate/resident require immediate medical attention? ☐ Yes ☒ No

8. Is the inmate/resident allergic to any medications? ☒ Yes ☐ No

If yes, list: Haldol

9. Date of last TB skin test: 7/16/03 Results: 00 mm

Action taken: NONE

10. Are there any identified nutritional risks? ☐ Yes ☒ No

11. Current medical conditions: check all that apply

☒ allergies ☒ asthma ☒ ulcers ☒ epilepsy ☒ hepatitis
☒ HIV ☒ diabetes ☒ heart condition ☒ NA gynecological problems
☒ weight loss ☒ tuberculosis ☒ high blood pressure ☒ mental illness or treatment

12. Current plan of care instituted by transferring facility: Mental Health Services
Seizure Disorder Clinic

13. Pending medical appointments and/or surgery: NONE

Disposition: ☒ Cleared for transport ☐ Cleared for general population ☐ Hold for medical

Examiner's Signature: Christy Wall Title: TRN Date: 2/9/04



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Station

Print Name: Jeff Gould Date of Request: 2-25-04
ID # 140277 Date of Birth: 11-6-63 Location: C-2-26T
Nature of problem or request: need medication refilled

Jeff Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/25/04
Time: 11:15 AM ☒ PM
Allergies: NKA

| |
|---|
| <p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p> |
|---|

(S)ubjective: *I need Percogesic renewed for the pain in my ankle. I got a steel screw in it.*

(O)bjective *wt 185, T 97.5, B/p 100/60, P 78, R 20*
Repeat case. Am in 3 difficulty. Slightly swelling
need to let ankle.

(A)ssessment: *alteration in comfort*

(P)lan: *MD to review*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

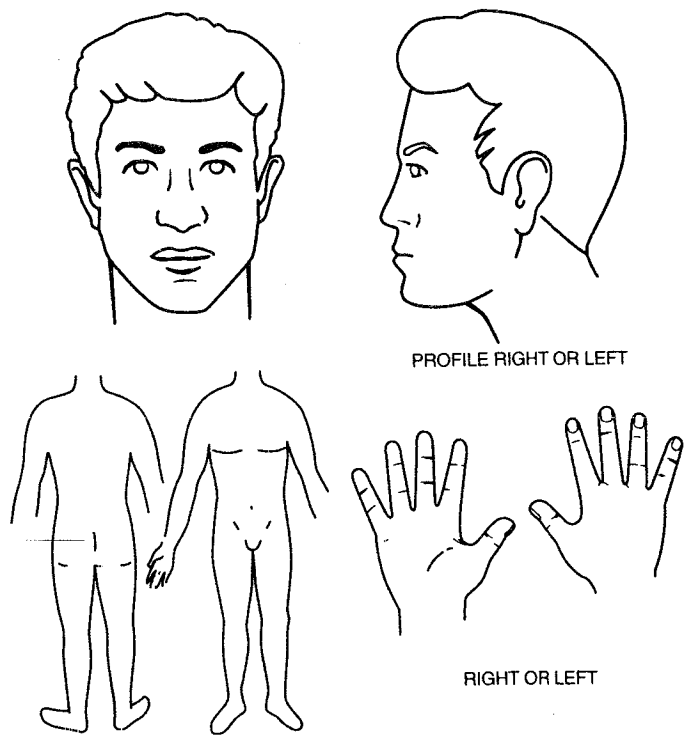
If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Alfred J. [Signature]
SIGNATURE AND TITLE *2/26/04*

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

| | | | | | | | | |
|--|--|------------------------------|--|------------------------|---|---|--|--|
| ADMISSION DATE 04 / 15 / 04 | | TIME 9:30 AM PM | ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT | | | |
| ALLERGIES AKA Haldal, & J. J. J. | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | | |
| VITAL SIGNS: TEMP 97.9 | | ORAL RECTAL | RESP. 20 | PULSE 90 | B/P 140, 90 | RECHECK IF SYSTOLIC 140 / 90 <100> 50 | | |
| NATURE OF INJURY OR ILLNESS 5-" Body Chart." | | | ABRASION /// | CONTUSION # | BURN ^{xx} xx | FRACTURE ^Z Z | | |
| | | | LACERATION / SUTURES | | | | | |
| | | |  <p style="text-align: right;">PROFILE RIGHT OR LEFT</p> <p style="text-align: right;">RIGHT OR LEFT</p> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PHYSICAL EXAMINATION P- Am ambulated into Hcu 3 diff. A+0 x 3. Skin w/ to the touch, resp even et unlabeled. & injuries noted to upper or lower extremities. | | | ORDERS / MEDICATIONS / IV FLUIDS | | | | | |
| A- Body Chart | | | TIME BY | | | | | |
| | | | P-1) & Ty, necessary. 2). MA/PA to review | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DIAGNOSIS | | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | | |
| DISCHARGE DATE 04 / 15 / 04 | | TIME 9:30 AM PM | RELEASE TRANSFERRED TO Doc | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | |
| NURSE'S SIGNATURE Stanton Lps | | DATE 04/15/04 | PHYSICIAN'S SIGNATURE [Signature] | | DATE 4/15/04 | | | |
| INMATE NAME (LAST, FIRST, MIDDLE) Gould, Jeffery | | | DOC# 1409770 | DOB 11/06/63 | R/S Wm | FAC Stanton | | |



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jeffery Gould Date of Request: 9-2-04
 ID # 140977 Date of Birth: 11-6-63 Location: D-2-4T
 Nature of problem or request: I NEED Medication Refilled
for ACID REFLUX

Jeffery Gould
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/2/04
 Time: 2:25 AM PM
 Allergies: Haldol

RECEIVED
 Date: _____
 Time: _____
 Receiving Nurse Initials _____

(S)ubjective: refill of Zantac

(O)bjective (V/S): T: 98.1 P: 72 R: 16 BP: 110/62 WT: 185

(A)ssessment: Assessment Normal

(P)lan: PA/PP to review, M of Zantac

Refer to: MD/PA Mental Health Dental Daily Treatment
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()
 If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

Return to Clinic PRN

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

SCC

Print Name: Jeffery Gould Date of Request: 8-20-04
 ID # 140977 Date of Birth: 11-6-63 Location: C-2-26T
 Nature of problem or request: _____

I HAVE A SKIN RASH
IN I NEED TREATMENT FOR IT

Jeffery Gould
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/20/04
 Time: 8:10 AM PM
 Allergies: Haidol

| |
|--|
| RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____ |
|--|

(S)ubjective:

I have swelling in my leg and I have
JOCK itch: Hx of Ankle surgery

(O)bjective

(V/S): T:

98.3

P:

72

R:

20

BP:

116/68

WT:

190

02 stat 97% Rash noted to groin area.
(D) Leg below knee 2+ edema noted small
sores noted scabbed over. (B) Leg & edema
(A)ssessment: noted.
Alteration in comfort

(P)lan:

MD to Review

Refer to: MD/PA Mental Health Dental Daily Treatment
 CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature] 8/23/04 [Signature]
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould

ID#: 140977

Date of Birth: 11-6-63

Date of Request: 3-12-03

Housing Location: C-3-157

Nature of problem or request: I NEED to SEE THE NURSE ABOUT MY MED-
ACATION! AND ABOUT OBTAINING MORE MEDACATION!

Sign here for consent to be treated by health staff for the condition described

MAR 12 2003

Station

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I don't want the Motrin, I want the Naprosyn
back, and I want to keep the Zantac Maalox.
I don't want generic, I don't want generic Brand neither.

Objective: BP 110/60 P 72 R 16 T 97.6 wt 185

lung clear, BS present x4, labs clear, keep neg @ ease.

Assessment: Alteration in Comfort
(E) v last pill call

Plan: MD/CNP to review

3-13-03

7

comple

Refer to: PA/Physician

Mental Health

M. Bennett for 1145 3/12/03

Health Services Request Form

Inmate Name Jeffery Gould Date of Request 2-26-03
 AIS No. 140977 Date of Birth 11-6-63 Housing Loc. C-3-15T
 Nature of problem or request ON 2-24-03 I SEEN THE NURSE ABOUT MY MEDICATION
CAUSING ME TO HAVE BLOOD IN MY STOOL! AT SAID TIME I ALSO TRYED TO EXPLAIN
THAT THE NAPASYN DOES RELIEVE MY PAIN BUT IT UPSETS MY STOMACH AND
CAUSES BLOOD IN MY STOOL! ANYWAY THE NON GENERIC! NAME BRAND WHICH IS POLISHED
AND IS THE SAME COLOR AND HAS SOME WRITTEN ON ONE SIDE WORKS FINE WITHOUT UPSET

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

FEB 26 2003
 Station

Health Care Documentation

Subjective: "Naprosyn isn't working" want Brand name
 of Naprosyn. I don't want the Generic Brand
 The generic upsets my stomach

Objective: BP 130/76 P 72 R 18 T 97.6 WT 178
 No tenderness noted to Abd / Bowel sounds
 noted.

Assessment: Alteration in comfort
 Plan: MD/CRNP to Review chart

Refer to: PA/Physician Mental Health Dental
 Education: Check pill call

Protocol used: (specify)

Signature M. Barnett Title JPW Time 1245 Date 2/27/03

Health Services Request Form

Inmate Name Jeffery Gould Date of Request 2-4-03
 AIS No. 140977 Date of Birth 11-6-63 Housing Loc. C-3-15

Nature of problem or request The medication I started taking earlier this month for my ANKLE of which has been constant since 1983 Pain wise! All-n-all said medication Napason I think is how it is spelled 500 MG. TWICE A DAY RELIEVES MY PAIN But up sets my Tummy AND I HAVE blood on my toilet PAPER

Sign here for consent to be treated by health staff for the condition described above. Jeffery Gould

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

FEB 24 2003
 Station

Health Care Documentation

Subjective:

When taking the Advil before the PT RANDUT it was helping - now while taking this Naproxen I'm nauseous - not see blood on the tissue After B.m. - and have stomach PAIN vomit 2 times. - please do something else

Objective:

BP 120/80 P 84 R 20 T 96.3 WT 180

No tenderness noted in epigastric area

Assessment:

Plan:

Alteuthin
in D to Review

2-25-03

4
 [Signature]

Refer to: PA/Physician Mental Health Dental

Education: Chert e 6 pm P11/Call 2-24-

rotocol used: (specify)

Signature [Signature] Title PR Time Date 2-23-03

Inmate Name Jeffery Gould Date of Request 2-13-03
 AIS No. 140977 Date of Birth 11-6-63 Housing Loc. C-3-15^T
 Nature of problem or request my ankle of which was operated on
in 1983 for 7 1/2 hrs is causing me pain through the Day
and keeping me awake at night I need medication
Refilled for said pain medication!
 THANK'S

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Station
FEB 13 2003

Health Care Documentation

Subjective:

(L) ankle med Renewal

Objective:

BP 120/80

P 70

R 20

T 98²

WT 184

Limited ROM & swelling 90% of pain on ambulation
 Cap refill 13sec warm to touch

Assessment:

Alteration in comfort

Plan:

Meds

Refer to: PA/ Physician

Mental Health

Dental

Education:

A leg

Protocol used: (specify)

Signature

OH Smith

Title

LP

Time

Date

2/14/03

SCC



HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould ID#: 140977 Date of Birth: 11-6-63 Date of Request: 10-27-02

Nature of problem or request: MY MEDICATION SHOULD BE CONTINUED Housing Location: C-3-15+

WITHOUT MY HAVING TO SIGN UP FOR SICK CALL! THE
MEDICAL DOCTOR'S RESPONSE TO MY MEDICAL COMPLAINT
FORM STATED AS MUCH THAT IT IS TO CONTINUE TILL 11-26-02

Sign here for consent to be treated by health staff for the condition described
Jeffery Gould

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Alvin Sigurd

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

| Date/Time | Inmate's Name: | D.O.B.: |
|--------------------|---|----------|
| 12/12/04 9:30 P | Gould, Jeffery 140977 Docket for f/u edema et alia wt 205 T-98' P-90 R-20 025t 97° C B/p 118/78 | 11/16/63 |
| | <p>F/u leg edema @ H/c t + Albumin level Repeat labs pending. Appetite good Port loss. PT advised to d/c Tob use. Cx: Cx NAD HEENT: ST and LUE SUPPL: PAN Lungs: clear CV: NAD ABD: obese @ AS mild RUQ discomfort ECT: 2+ edema leg/ankle retest. H: Hip ct t + Alb Repeat labs (P) P: leg edema - elevate legs - x-tra blanket D/c Tob use, encourage Po F/u 1mo</p> | |
| 12/13/05 9:00 P | 20 Alu re. f/u on legs R-20 025t 97° C (B/p 132/74) Previously scheduled f/u issue addressed at 12/20/04 ccl. See note | 11/16/63 |
| | <p>Shelly DMELC</p> | |



PROGRESS NOTES

| Date/Time | Inmate's Name: | Rec'd @ SHCU-Station, Vol. I of II and 0 meds/mar----- | D.O.B.: |
|------------------------------|-----------------------|--|------------------|
| 2/18/04 | Gould, Jeffery 140977 | | 11/10/63 |
| 8/27/04 07 ³⁰ | | 20 HCU for eval (L) & leg edema, wt | Al Myers |
| 8/27/04 | | No show for M.D. Appt | 2 Sept 11/04 |
| 10/15/04 | | Clinic Appt ref: Follow-up "liver" - Wgt 201 B/p 108/72 P 88 R-20 T-98 82 sat 95% See CCC note | |
| 10/20/04 8 ⁰⁰ pm | | No show for Sick Call - Refer in chart - Aschly | |
| 11/5/04 | | To see HCP: eval of edema | |
| Wgt 210 | | B/p 102/70 T 98.2 P 72 R-18 O2 Sat 97 | |
| | | S. 3 weeks of worsening ↓ ext edema. | |
| 9 lb weight gain since 10/15 | | Pulmonary RDS neg. ⊕ Hep Ct Albumin trending ↓, Total Bili trending ↑ ? anemia developing | |
| | | O. A2A3 NAD Skin warm/dry & jaundiced sclera white | |
| | | BBS CTW2 S1-S2 0R/m/G | |
| | | ABD SNT Liver edge well below ribs | |
| | | ⊕ ascites. | |
| | | 3+ bilat ↓ ext edema. | |
| | | NP. Case reviewed to Dr. Williams | Addendum - |
| | | Lasix 40mg QAM | CR ⊕ AC/shoulder |
| | | LFTs, chem 7 & CBC today | pain 2 to 3 to 4 |
| | | HCU visit in 2 weeks for F/U | 100 unit |
| | | | with given mtn |
| | | | + 3 days |

Health Services Clinic Notes

Inmate/Resident

Name: Johnny Gault# 190977

Inmate/Resident

Allergies:

Date Time

Notes

11/13/03 15:20

Psych Note

I'm doing good. My medication is working well for me.
 O: NAO. Arok 4mg mod stable. Thoughts logical. No SI/HI.
 A: Stable
 P: Continue Current med
 RTC in 1 month

12/10/03 12:05

Psych Note

I'm doing good. I'm a bit depressed. I feel fine.
 O: NAO. Arok 4mg mod stable. No SI. No Psychosis
 A: Stable
 P: Continue Current med
 RTC in 6 weeks

12-15-03 12:35

5 - Headaches are back. He associated them with a popping in his neck from an old injury. Dilantin not working any more.
 O 97.1 80 122/80 18
 A - Feeling much better was started on P. moxal today by Dr. Glenn
 P - Good neck motion
 P - Dr. Dilantin
 Extra strength Tylenol 10 mgm x 1 d x 2 weeks
 Extra strength Tylenol 10 mgm

1/14/04 10:30

Psych Note

I'm doing fine on my medications. I take them one pill at 4:30 each
 than in the evening.
 O: NAO. Arok 4mg mod stable. Affect appropriate. No SI/HI. No A/V Hall. No signs
 A: Stable
 P: Continue Usual and Prazo
 RTC in 6 weeks

Health Services Clinic Notes

| Inmate/Resident Name: <u>David Jeffery</u> | | Inmate/Resident # <u>190977</u> | Allergies: <u>NRCA</u> |
|--|----------|---|------------------------|
| Date | Time | Notes | |
| 9-3-03 | 9:00 AM | 5- Headaches cleared up. No other complaints O- BP- 128/62 T- 98.3 P- 80 R- 18 A- No problems P- Continue Dilantin MAF | |
| 9-13-03 | 10:10 AM | BP 110/78 P 88 R 20 T 98° S: Neck hurting, heartburn deni any problem i neck. O- Heart pain A- OK Ext E clear & Fern A- HB P- Tagamet 400, iDOMED x 300 up x 3 Just to pick up med 2 4/30 pm 9/24/03 P. J. J. J. | |
| 10/1/03 | 10:10 | Inmate in for chronic eluded - Serum Nitro Attempted to draw Dilantin level from inmate x 15 to 3. Attempts unable to draw Well refer to S. Fayal AM. | |
| 10/2/03 | 8:55 | Bld drawn from arterial aspect the @ wait for dilantin level - Serum (J. J. J.) P. J. J. J. | |
| 10/15/03 | 10:45 | P. J. J. J. S: "I'm a little groggy for the V. I tried to not take it but I don't do well without it. Otherwise I'm fine but don't." O: MAD. Aprox 1/2 in. No S2/H1. A: Stable P: ↓ Viscal 25 g/dl Continue P. J. J. J. R. J. J. J. | |

Property of Corrections Corporation of America

Health Services Clinic Notes

| Inmate/Resident Name: <u>Gould, Jeff</u> | | Inmate/Resident # <u>140977</u> | Allergies: |
|--|-------|--|------------|
| Date | Time | Notes | |
| 8/7/03 | 09:50 | <p>Psych Note</p> <p>S: "I'm feeling better. I don't feel as sad but I still have the headaches. The pressure of things don't seem as bad."</p> <p>D: NAD. A+Ox3 Mood improved. No SI/HI. No A+H. No A+H.</p> <p>A: Depression.</p> <p>P: Continue Prozac.</p> <p>Refer to Mr. Tucker for Headaches.</p> | |
| 8/20/03 | 11:15 | <p>Psych Note</p> <p>S: "I'm doing better but I don't sleep and I'm really worried. I still have the HA & have been seen for it."</p> <p>D: NAD. A+Ox4. Mood improved.</p> <p>A: Same.</p> <p>P: Prozac 20mg</p> <p>RTC in 1 month</p> <p>Refer to Dr. Johnson for HA</p> <p>Add Visseril 5mg BID</p> | |
| 9/3/03 | 11:00 | <p>Psych Note</p> <p>S: "I'm better but I still have problems with the anxiety attacks. I feel my heart racing and pounding and I just feel strange. I can't really explain it. I don't feel depressed like I did and Dr. Johnson gave me Dilantin for my headaches. They are not as bad now."</p> <p>D: NAD. A+O. No SI/HI. Improved Mood & Anxiety.</p> <p>A: Improved but still has breakthrough Anxiety.</p> <p>P: ↑ Visseril to 50mg TID</p> <p>Continue Prozac as is</p> <p>RTC in 2 weeks</p> | |
| 9/17/03 | 09:35 | <p>Psych Note</p> <p>S: "I'm doing much better. I guess if I were doing any better it would cost me more. I'm not as excited and I feel good."</p> <p>D: NAD. A+Ox3. No SI/HI. No A+H. No A+H. Appetite good, Sleep well.</p> <p>A: Improved</p> <p>P: Continue Visseril and Prozac</p> <p>RTC in 1 month</p> | |

INTERDISCIPLINARY PROGRESS NOTES

Patient Name David, Jeffery I.D. # 140977 Institution Haldol/sec

| DATE | TIME | NOTES | SIGNATURE |
|---------|------|---|-----------|
| 9/26/02 | | See M.D. "Eval" prolonged standing #180 wgt, 98B, 110/70, 80, 20 | |
| | | 39w m S/P extensive surgery of Lt ankle 2 ^o MVA. I feel pain in Lt ankle since 1983 Requests pain med | - R Myers |
| | | P/E Lt ankle Pain in area of flexor retinaculum on dorsum of Lt foot | |
| | | Imp Chrom Panty of pain Plan Mktn 800 x 20 60 dm AT: Lt Lt ankle xray | |

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name Gould, Jeffery I.D. # 140977 Institution Haldol/acc

| DATE | TIME | NOTES | SIGNATURE |
|---------|------|--|-----------|
| 3/8/99 | | <p>Continues to clots - HAs, epigastric pain, depression. Doesn't have money and wants chronic OTC meds.</p> <p>① Tob use. Hx of head trauma but seen & evaluated by MD 2/4/99.</p> <p>imp - 1. Versor HAs</p> <p>2. gabapentin</p> <p>plan - 1. d/c tob</p> <p>2. don't rec NSAIDS</p> <p>3. purchase tylenol</p> <p>4. antacids</p> <p>5. Flu & eye doc, 4 K&L</p> | |
| 7/23/99 | | <p>Patient with PMH Ankle fracture S/P reduction and fixing with Pins call with C/O Ankle pain</p> <p>EXAM - Full ROM</p> <p>- Mild tenderness present</p> <p>Assessment: Myalgia</p> <p>Plan - Motrin 800mg PO TID</p> <p><i>[Signature]</i></p> | |

Gould, Jeffery

Date of Birth: 11/6/63

| Facility Name: | | Month/Year of Charting: | | | |
|---|-------------------|--|-------------------|---------|---|
| Staton Correctional Facility | | 10/05 | | | |
| Prozac 20MG Cap 60.00 Take 1 capsule(s) by mouth twice daily | | | | | |
| Start Date: 08-03-2005 Stop Date: 10-31-2005 | | Prescriber: Banerjee MHM, Sreelekha RX #: 250335392 | | | |
| Vistaril 25MG Capsule 90.00 Take 1 capsule(s) by mouth in the morning & take 2 capsule(s) by mouth (50mg) in the evening | | | | | |
| Start Date: 08-03-2005 Stop Date: 10-31-2005 | | Prescriber: Banerjee MHM, Sreelekha RX #: 250335393 | | | |
| Diphenhydramine HCl 25MG Cap 30.00 Take 1 capsule(s) by mouth at bedtime | | | | | |
| Start Date: 09-15-2005 Stop Date: 11-02-2005 | | Prescriber: Banerjee MHM, Sreelekha RX #: 250613816 | | | |
| Hydrochlorothiazide 25MG Tab 30.00 Take 1 tablet(s) by mouth at bedtime | | | | | |
| Start Date: 07-28-2005 Stop Date: 11-04-2005 | | Prescriber: Peasant, John RX #: 250292097 | | | |
| Zantac 300MG Tab 60.00 Take 1 tablet(s) by mouth twice daily | | | | | |
| Start Date: 08-23-2005 Stop Date: 11-30-2005 | | Prescriber: Peasant, John RX #: 250462518 | | | |
| Furosemide 40MG Tab 30.00 Take 1 tablet(s) by mouth every morning | | | | | |
| Start Date: 08-23-2005 Stop Date: 11-30-2005 | | Prescriber: Peasant, John RX #: 250462520 | | | |
| Diagnosis | Nurse's Signature | Initial | Nurse's Signature | Initial | Documentation Codes |
| Allergies | | | | | 1 Discontinued Order 2 Refused 3 Patient out of facility 4 Charted in Error 5 Lock Down 6 Self Administered 7 Medication out of Stock 8 Medication Held 9 No Show 10 Other |
| Housing Unit: Population | | | | | |
| Patient ID Number: 140977 | | | | | |
| Patient Name: Gould, Jeffery | | | | | |

| Facility Name: | | Month/Year of Charting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|------------------------------------|---|---|---|-----|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Station K+20mg po. BID x 100 days | 6A | [Handwritten notes and signatures] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6P | [Handwritten notes and signatures] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8-19-5 Stop Date: 11-30-5 | | Prescriber: Pearson RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Facility Name: <u>Staton Correctional Facility</u> | | Month/Year of Charting: <u>09/05</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prozac 20MG Cap | 60.00 | <table border="1"> <tr><th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th></tr> <tr><td>6A</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>6P</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 capsule(s) by mouth twice daily | | Start Date: <u>08-03-2005</u> <u>8/2/05</u> Prescriber: <u>Banerjee MHM, Sreelekha</u> Stop Date: <u>10-31-2005</u> <u>11/2/05</u> RX #: <u>250335392</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vistaril 25MG ^{25mg} Capsule 90.00 | | <table border="1"> <tr><th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th></tr> <tr><td>6A</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>6P</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 capsule(s) by mouth in the morning & take 2 capsule(s) by mouth (50mg) in the evening | | Start Date: <u>08-03-2005</u> Prescriber: <u>Banerjee MHM, Sreelekha</u> Stop Date: <u>10-31-2005</u> RX #: <u>250335393</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HCTZ 25MG Tab | 30.00 | <table border="1"> <tr><th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th></tr> <tr><td>6A</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>6P</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 tablet(s) by mouth at bedtime | | Start Date: <u>07-28-2005</u> Prescriber: <u>Peasant, John</u> Stop Date: <u>11-04-2005</u> RX #: <u>250292097</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zantac 150MG ^{300mg} Tab | 60.00 | <table border="1"> <tr><th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th></tr> <tr><td>6A</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>6P</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 tablet(s) by mouth twice daily | | Start Date: <u>07-28-2005</u> <u>8/20/05</u> Prescriber: <u>Peasant, John</u> Stop Date: <u>11-04-2005</u> <u>12/3/05</u> RX #: <u>250292100</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lorazepam 40mg po qam X 100d | | <table border="1"> <tr><th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th></tr> <tr><td>6A</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>6P</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Start Date: <u>8/19/05</u> Prescriber: _____ Stop Date: <u>11/29/05</u> RX #: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kefauver 20mg po qid X 100d | | <table border="1"> <tr><th>Hour</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th></tr> <tr><td>6A</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>6P</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> </table> | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6A | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6P | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Start Date: <u>8/19/05</u> Prescriber: _____ Stop Date: <u>11/30/05</u> RX #: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis | Nurse's Signature | Initial | Nurse's Signature | Initial | Documentation Codes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies | <i>Shackler</i> | <i>AS</i> | <i>Shackler</i> | <i>AS</i> | 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing Unit: _____ Population _____ | <i>Shackler</i> | <i>AS</i> | <i>Shackler</i> | <i>AS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient ID Number: <u>140977</u> | <i>Shackler</i> | <i>AS</i> | <i>Shackler</i> | <i>AS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: <u>Gould, Jeffery</u> | <i>Shackler</i> | <i>AS</i> | <i>Shackler</i> | <i>AS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Date of Birth: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Facility Name: | | Month/Year of Charting: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | |
| <p>Benadryl 25mg po qhs til 11/2/05</p> | <div style="position: relative; width: 100%; height: 100%;"> bP [Signature] </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Start Date: 9/13/05 | | | | | | | | | | | | | | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stop Date: 11/2/05 | | | | | | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Start Date: | | | | | | | | | | | | | | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stop Date: | | | | | | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Start Date: | | | | | | | | | | | | | | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stop Date: | | | | | | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Start Date: | | | | | | | | | | | | | | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stop Date: | | | | | | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Start Date: | | | | | | | | | | | | | | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stop Date: | | | | | | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Stop Date: | | | | | | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Stop Date: | | | | | | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Diagnosis | | Nurse's Signature | | | | | | | | | | Initial | | | | | | | | | | Nurse's Signature | | | | | | | | | | Initial | | | | | | | | | | <p>1. Discontinued Order</p> <p>2. Refused</p> <p>3. Patient out of facility</p> <p>4. Charted in Error</p> <p>5. Lock Down</p> <p>6. Self Administered</p> <p>7. Medication out of Stock</p> <p>8. Medication Held</p> <p>9. No Show</p> <p>10. Other</p> |
| Allergies | | <p>[Signature]</p> | | | | | | | | | | <p>[Initial]</p> | | | | | | | | | | <p>[Signature]</p> | | | | | | | | | | <p>[Initial]</p> | | | | | | | | | | |
| Housing Unit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient ID Number: 140977 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: | | <p>Gould, Jeffrey</p> | | | | | | | | | | <p>Date of Birth:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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PG I 8 II

[illegible]

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|-----------------|-----------------|---------------------------|--|--|-----|
| MEDICATIONS | | ROOM | | NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE | |
| CHARTING FOR | | THROUGH | | | |
| Physician | | Telephone No | | Medical Record | |
| Alt. Physician | | Alt. Telephone | | | |
| Problems | | Rehabilitative Potential | | | |
| Diagnosis | | | | | |
| Medicaid Number | Medicare Number | Complete Entries Checked: | | Title: | |
| By: | | PATIENT CODE | | ROOM NO. | BED |
| PATIENT | | 149077 | | FAC | |

| Facility Name: | | Month/Year of Charting: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Mycolog Cream BID x 14 days | 6A | X | Given 8/3/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6P | X | S. Shurgalman X Refused | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ref | X | Self Administered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8/3/05 | | Prescriber: Pleasant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 8/17/05 | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AF Cream AAA BID x 14 days | 6A | Self Administered 8/20/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Start Date: 8-19-5 | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 9-2-8 | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TED Haze Knees | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lasix 40mg PO. q.b. x 100 days | 6A | MAN HASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Start Date: 8-19-5 | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 11-29-5 | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zantac 300mg PO BID x 100 days | 6A | MAN HASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Start Date: 8-20-05 | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 11-30-05 | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kt 20mg BID x 100 days | 6A | MAN HASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|---------------------------|-------------------|---------|-------------------|---------|----------------------------|
| Diagnosis | Nurse's Signature | Initial | Nurse's Signature | Initial | Documentation Codes |
| Allergies | Brennell | | Julius | | 1. Discontinued Order |
| Housing Unit: | | | | | 2. Refused |
| Patient ID Number: 140977 | | | | | 3. Patient out of facility |
| Patient Name: | | | | | 4. Charted in Error |
| | | | | | 5. Lock Down |
| | | | | | 6. Self Administered |
| | | | | | 7. Medication out of Stock |
| | | | | | 8. Medication Held |
| | | | | | 9. No Show |
| | | | | | 10. Other |
| | | | | | |

STD01

MEDICATIONS

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

Physician

Alt. Physician

nergies

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title:

Date:

PATIENT 1

| |
|--------------|
| PATIENT CODE |
|--------------|

ROOM NO

| | |
|-----|-------|
| BED | FACIL |
|-----|-------|

MEDICATION ADMINISTRATION RECORD

07/01/2005

Page I of II (STA-452) STATON CORRECTIONAL FAC

STD01

| MEDICATIONS | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|---|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| HYDROCHLOROTHIAZIDE (ZANIT) 25MG TAB TAKE 1 TABLET(S) BY MOUTH IN THE MORNING | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 6694263 MCARTHUR, P.A., DONALD, PA START - 12/22/2004 STOP - 07/09/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RANITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7232189 MCARTHUR, P.A., DONALD, PA START - 04/12/2005 STOP - 07/20/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLUOXETINE (PROZAC) 20MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7247355 BANERJEE, M.D. (M.M.), SREELEKHA START - 04/14/2005 STOP - 07/12/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HYDROXYZINE-PAM (VISTARIL) 25MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7247637 BANERJEE, M.D. (M.M.), SREELEKHA START - 04/14/2005 STOP - 07/12/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIPHENHYDRAMINE (BENADRYL) 25MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7247643 BANERJEE, M.D. (M.M.), SREELEKHA START - 04/14/2005 STOP - 07/12/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prozac 20mg po bid X 30 days Banerjee | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thiolo 25mg po bid X 30 days Banerjee | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vistaril 25mg po bid X 30 days Banerjee | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benadryl 25mg po bid X 30 days Banerjee | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bartrim DS po BID X 10 days 7/18/05 - 7/28/05 | 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDICATIONS

HOUR

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

07/01/2005

THROUGH

07/31/2005

Physician BANERJEE, M.D. (M.M.), SREELEKHA

Telephone No

Medical Record N

Alt. Physician

Alt. Telephone

HALOPERIDOL & DERIV

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

B. Reimell

Title:

Lpn

Date:

6/3

PATIENT

PATIENT CODE

ROOM NO

BED

FACI

140977

1

GOULD, JEFFERY

MEDICATION ADMINISTRATION RECORD

(STA-452) STANTON CORRECTIONAL FAC

06/01/2005

STD T01

| MEDICATIONS | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|---|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| HYCTZ (HYDROCHLOROTHIAZIDE) 25MG TAB TAKE 1 TABLET(S) BY MOUTH IN THE MORNING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 6694263 MCARTHUR, P.A., DONALD, PA START - 12/22/2004 STOP - 07/09/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RANITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7232189 MCARTHUR, P.A., DONALD, PA START - 04/12/2005 STOP - 07/20/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLUOXETINE (PROZAC) 20MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7247555 BANERJEE, M.D. (MHM), SREELEKHA START - 04/14/2005 STOP - 07/12/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HYDROXYZINE-PAM (VISTARIL) 25MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7247637 BANERJEE, M.D. (MHM), SREELEKHA START - 04/14/2005 STOP - 07/12/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIPHENHYDRAMINE (BENADRYL) 25MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RX: 7247643 BANERJEE, M.D. (MHM), SREELEKHA START - 04/14/2005 STOP - 07/12/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

MEDICATIONS

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

| | | | | |
|----------------|---------------------------------|---------|------------|--------------------------|
| CHARTING FOR | 06/01/2005 | THROUGH | 06/30/2005 | Medical Record |
| Physician | BANERJEE, M.D. (MHM), SREELEKHA | | | Telephone No. |
| Alt. Physician | | | | Alt. Telephone |
| ergies | HALOPERIDOL & DERIV | | | Rehabilitative Potential |

Diagnosis

| | | | | |
|-----------------|-----------------|------------------|------------|------------------|
| Medicaid Number | Medicare Number | Complete Entries | Title: LPA | Date: 06/01/2005 |
| PATIENT | By: S. Shynard | PATIENT CODE | ROOM NO | BED FAC |
| RON D. JEFFERY | | 140977 | 1 | |